



RETIREMENT PLAN ENROLLMENT/CHANGE FORM

Saving for retirement is one of the smartest things you can do with your money. You're letting your money work for you. Complete the 4-step process in this Simple Enrollment Form and let ASC Trust help you save for a successful retirement, one paycheck at a time.

1. General Information

Select One: New Enrollment Change of General Information No Change

Guam CNMI Division: _____

Your Plan Name _____

_____-_____-_____-_____-_____-_____-_____-_____-_____-

Your Full Name (Last Name, First Name, Middle Initial) _____

Social Security Number _____

Mailing Address _____

City _____

State _____

ZIP _____

Email Address *Your quarterly statement will be posted to your account online unless initialed here* _____

Employee # _____

Home Phone _____

Cell Phone _____

Work Phone _____

Other Phone _____

Marital Status: Not Married

Date of Birth (mm/dd/yy) _____

Date of Hire (mm/dd/yy) _____

Married* - Spouse Name: _____
*Common Law is NOT recognized as legal marriage

2. Contribution Election

Select One: New Enrollment Change of Contribution Election No Change

FORMULA FOR SUCCESS

In order to have a successful retirement, it is recommended that employees **save about 10% of gross income**, for 35 years, in a investment that earns about 7.5% a year. Your age and proximity toward retirement should also be considered. Contact the ASC Advisor Team to request for a personalized retirement calculation by calling (671) 477-2724 or send an email request to info@ASCTrust.com.

I elect to participate in my employer's Retirement Plan and hereby authorize my Employer to deduct the following income for deposit into the Plan, up to the maximum allowable for the tax year:

Please indicate if it will be: Pre-Tax Post-Tax Roth

_____ % per pay period (Your company may limit your election to a percentage option only.)

I elect to allow ASC to automatically increase my contribution by 1% a year until I've reached 10% total contribution.

I do not wish to participate at this time.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and that I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my contribution rate in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant _____

Date _____

Authorized Plan Administrator _____

Employer / Plan Name

Grid of boxes for Employer / Plan Name

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

3. Investment Selection

Select One: New Enrollment Change of Investment Selection No Change

This section directs how your retirement contributions will be invested. Please select only **ONE** of the options (A or B) listed below. If no selection is made, your account will be defaulted into a Target Date Profile described in Option A.

OPTION A: Age-Weighted Profiles

I choose to be in an **Age-Weighted Profile Investment**. Based on my age, ASC will allocate my account according to one of the following age-weighted profiles.

Your Date of Birth

____ / ____ / ____
(m m / d d / y y)

I understand that any existing balance will be transferred to this election unless initialed here: _____

Date of Birth	Designated Default Investment Option	Retirement Date Range
Before 1938	Fidelity Freedom® Index Inc Instl Prem	Before 2003
1/1/1938 - 12/31/1942	Fidelity Freedom® Index 2005 Instl Prem	2003 through 2007
1/1/1943 - 12/31/1947	Fidelity Freedom® Index 2010 Instl Prem	2008 through 2012
1/1/1948 - 12/31/1952	Fidelity Freedom® Index 2015 Instl Prem	2013 through 2017
1/1/1953 - 12/31/1957	Fidelity Freedom® Index 2020 Instl Prem	2018 through 2022
1/1/1958 - 12/31/1962	Fidelity Freedom® Index 2025 Instl Prem	2023 through 2027
1/1/1963 - 12/31/1967	Fidelity Freedom® Index 2030 Instl Prem	2028 through 2032
1/1/1968 - 12/31/1972	Fidelity Freedom® Index 2035 Instl Prem	2033 through 2037
1/1/1973 - 12/31/1977	Fidelity Freedom® Index 2040 Instl Prem	2038 through 2042
1/1/1978 - 12/31/1982	Fidelity Freedom® Index 2045 Instl Prem	2043 through 2047
1/1/1983 - 12/31/1987	Fidelity Freedom® Index 2050 Instl Prem	2048 through 2052
1/1/1988 - 12/31/1992	Fidelity Freedom® Index 2055 Instl Prem	2053 through 2057
1/1/1993 - 12/31/1997	Fidelity Freedom® Index 2060 Instl Prem	2058 through 2062
1/1/1998 and later	Fidelity Freedom® Index 2065 Instl Prem	January 1, 2063 or later

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant

Date

Authorized Plan Administrator

Date

Employer / Plan Name

Grid of boxes for Employer/Plan Name

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

OPTION B: Individual Investment Election

Allocate my account according to the percentages indicated below that add up to 100%.

Allocation	Fund Name	Style	Ticker	Fee
%	TRP Stable Value Fund	Stable Value	-	0.30%
%	Fidelity® US Bond Index	Intermediate Core Bond	FXNAX	0.03%
%	PGIM Total Return Bond R6	Intermediate Core-Plus Bond	PTRQX	0.39%
%	Eaton Vance Atlanta Captial SMID-Cap R6	Mid-Cap Growth	ERASX	0.82%
%	Fidelity® Extended Market Index	Mid-Cap Growth	FSMAX	0.04%
%	Fidelity® 500 Index	Large Blend	FXAIX	0.02%
%	JP Morgan US Equity R6	Large Blend	JUEMX	0.44%
%	Fidelity® Large Cap Growth Idx	Large Growth	FSPGX	0.04%
%	Fidelity® Total International Index	Foreign Large Blend	FTIHX	0.06%
%	MFS Instl International Equity	Foreign Large Blend	MIEIX	0.69%
%	T.Rowe Price New Asia I	Pacific/Asia ex-Japan Stk	PNSIX	0.81%

*Contact ASC for your plan's Stable Value Fund details. I understand that any existing balance will be transferred to this election unless initialed here: _____. Most plans provide additional Specialty Funds for sophisticated participants and/or participants under the guidance of an individual investment advisor. You can find out if your plan provides Specialty Funds by contacting us or logging on to our website.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant

Date

Authorized Plan Administrator

Date

Employer / Plan Name

____ - ____ - ____

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

4. Naming My Beneficiary

Select One: New Enrollment Change of Beneficiary Designation No Change

As a participant in my employer sponsored Retirement Plan, I hereby acknowledge that in accordance with the rights granted to me under the Plan to designate and redesignate the beneficiary(ies) to receive my Plan benefit in the event of my death, I hereby designate the following beneficiary(ies) to receive such benefit in the order of priority as indicated below. Additionally, because this designation may be invalidated due to a change in my marital status, I understand that I should complete a new Beneficiary Form in the event of such change. In the event of my death, I hereby acknowledge that in accordance with the terms of my employer's Plan Document, I hereby designate the following beneficiary(ies) to receive my retirement benefit in the order of priority as indicated below. Furthermore, I understand that any beneficiary that I name that is either a minor or incapable of caring for oneself, the benefit will be paid to the individual's legal guardian or other legal representative.

Primary Beneficiary

Marital Status: Not Married Legally Married*

*If you are **legally married**, common law is NOT recognized as legal marriage), you must name your spouse as the sole Primary Beneficiary, unless your spouse completes the **Spousal Consent to Waiver as Primary Beneficiary Form** (provided by plan administrator upon request). If this is a change in marital status, a **Divorce Decree** and/or a **Marriage Certificate** must be submitted to change the current Primary Beneficiary on record.

Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %
Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %
Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %
Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %

Submit a separate document if you are designating additional beneficiaries. Please ensure that all information requested above is included and that the share designation adds up to 100%.

Secondary Beneficiary

A secondary beneficiary is entitled to receive your retirement benefit in the event that the primary beneficiary is deceased or not eligible to receive the asset.

Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %
Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %
Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %
Full Name	[<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %

Submit a separate document if you are designating additional beneficiaries. Please ensure that all information requested above is included and that the share designation adds up to 100%.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant

Date

Authorized Plan Administrator

Date